

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION I.D. NO.	NAME OF INSTALLATION
INSTALLATION MAILING ADDRESS	LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS	
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INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (Yr., Mo., & day)
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I. NAME OF INSTALLATION	
GUTHRIE AND GREEN COMPANY INC	

II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
410 BERGEN AVENUE	
CITY OR TOWN	
KEARNY NEW JERSEY	
ZIP CODE	
07032	

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
410 BERGEN AVENUE	
CITY OR TOWN	
KEARNY NEW JERSEY	
ZIP CODE	
07032	

IV. INSTALLATION CONTACT	
NAME AND TITLE (Last, First, & Job title)	
ROBERT L MILLER PRESIDENT	
PHONE NO. (area code & no.)	
516-561-2844	

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
GUTHRIE AND GREEN COMPANY INC	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION <input type="checkbox"/>	

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))	
A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify) <input type="checkbox"/>	

VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.	
A. FIRST NOTIFICATION <input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C) <input type="checkbox"/>	
C. INSTALLATION'S EPA I.D. NO.	

SIGNATURE

Robert S. Miller

NAME & OFFICIAL TITLE (Type or print)

President

DATE SIGNED

12/2/85

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. CERTIFICATION

hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles.

(D001) ☒ 1. IGNITABLE

(D002) ☐ 2. CORROSIVE

(D003) ☐ 3. REACTIVE

(D009) ☐ 4. TOXIC

48	49	50	51	52	53	54

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	7	8	9	10	11	12

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

I.D. - FOR OFFICIAL USE ONLY

DETACH

DETACH

GUIGNON & GREEN

COMPANY • NAVAL STORES • INDUSTRIAL RAW MATERIALS

99 WEST HAWTHORNE AVE.
VALLEY STREAM, N.Y. 11580
TELEPHONE: 516 - 561 - 2844

P.O. BOX 366
VALLEY STREAM, N.Y. 11582

December 2, 1985

Permits Administration Branch
U.S.E.P.A. - Region 11
26 Federal Plaza, Room 432
New York, NY 10278

Gentlemen:

Today we phoned your office to inquire as to how to dispose of approximately 1500 gallons of Gum Spirits of Turpentine, a terpene hydrocarbon, which was contaminated by a small amount of another terpene hydrocarbon while being transported in a tank truck.

We are now in the process of liquidating our company, including our warehouse facility and stock in Kearny, N.J. The only non-saleable material we have is the 1500 gallons in question. Enclosed is a copy of Material Safety Data Sheet which should be helpful. We do not intend to re-enter this business.

As requested by you, we are also enclosing a copy of EPA Form 8700-12. As this is a "one time" situation for one product, we would appreciate your expediting the issuance of a permit which we will then refer to a qualified disposal company.

Thank you for your courtesies and attention.

Very truly yours,
GUIGNON & GREEN COMPANY

R. L. Miller
R. L. MILLER
President

RLM:JB



24 Hour Emergency Assistance
Chemtrec 800/624-9300
Union Camp 912/236-8178

SECTION I - IDENTIFICATION OF PRODUCT

Product: GUM TURPENTINE
Chemical Identity: Turpentine Oil, Spirit of Turpentine

Chemical Family: Terpenes

CAS Number: 8006-64-2

HAZARD SUMMARY

Rating	Definitions
Health: 2	2-Least
Fire: 3	1-Slight
Reactivity: 0	2-Moderate
	3-High
	4-Extreme

SECTION II - INGREDIENTS and TOXICITY

<u>Composition</u>	<u>Toxicity Data</u>
Turpentine	Orl-inf LDLo 1748 mg/kg Orl-inf TDLo 874 mg/kg Orl-wmn TDLo 560 mg/kg Ihl-wmn TCLo 175 ppm Unk-man LDLo 441 mg/kg Orl-rat LD50 5760 mg/kg Ihl-mus LD50 600 ug/kg Ivn-mus LD50 1180 ug/kg

Irritation Data
Eye-hm 175 ppm

SECTION III - HEALTH INFORMATION

Turpentine is an irritant to the skin, eyes, nose and mucuous membranes. Skin contact can cause eczema and dermatitis. Contact with the eye may cause corneal burns. Also, inhalation can cause inflammatory kidney disease and bladder injury.

Possible routes of entry into the body are by inhalation and by skin absorption. Ingestion is possible but unlikely.

SECTION IV - OCCUPATIONAL EXPOSURE LIMITS

ACGIH: 100 ppm TWA; 150 ppm STEL
OSHA: 100 ppm TLV

This material is not on the International Agency for Research on Cancer (IARC) or National Toxicology Program (NTP) lists of carcinogens or potential carcinogens.

**SECTION V - EMERGENCY FIRST AID PROCEDURES**

Skin: In case of contact, wash skin with plenty of soap and water. Wash clothing before re-use. Call a physician if signs of irritation appear.

Eyes: In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Call a physician.

Inhalation: If inhaled, remove to fresh air. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is difficult, give oxygen. Call a physician.

Ingestion: If swallowed, do not induce vomiting. Keep person warm, quiet, and get medical attention. Aspiration of material into the lungs due to vomiting can cause chemical pneumonitis which can be fatal.

SECTION VI - PHYSICAL DATA

Boiling Point: 313-340 (F) **Melting Point:** -58 to -76 (F) **Vapor Pressure:** Unknown (mm Hg at 20 C)

Specific Gravity: 0.87 (water=1) (25 C/25 C) **% Volatile:** 100 (By Weight) **Vapor Density:** 4.7 (Air=1)

Solubility In Water: Negligible **Evaporation Rate:** 0.4 (nBuAc=1)

Appearance and Odor:
Colorless liquid with a characteristic terpene odor.

SECTION VII - FIRE AND EXPLOSION HAZARDS

Flash Point (F): 95 (TCC) **Flammable Limits/% Volume in Air**
Lower: 0.8 Upper: Unknown

Extinguishing Media:
Water fog, foam, carbon dioxide or dry chemical.

Special Firefighting Procedures and Precautions:
Water may be ineffective.

Toxic vapors (such as carbon monoxide) may be released during fire; respiratory protection should be provided.

Handle as a flammable liquid. Keep away from heat, sparks and flames. Keep container closed. Use with adequate ventilation. Ground all transfer equipment.

Unusual Fire and Explosion Hazards:

Note flammable liquid. Vapors are explosive within the flammable limits.

**SECTION XI - PRECAUTION SUMMARY**

This product is classified as hazardous under the OSHA Hazard Communication regulations because:

1. It is a flammable liquid,
2. It is listed on the ACGIH and OSHA lists, and
3. It can cause target organ effects (bladder, kidney).

Warning labels are required.

SECTION XII - TRANSPORTATION REQUIREMENTS

Applicable D.O.T. Classifications: Flammable

D.O.T. Proper Shipping Name: Turpentine

Other Requirements: DOT I.D. Number - UN 1299

SECTION XIII - OTHER REGULATORY CONTROLS

EPA - Clean Water Act: This product may be regulated as an oil under Section 311 of the Clean Water Act. Discharges to navigable waterways resulting in a visible surface sheen are prohibited and must be reported (40 CFR-110 - Discharge of Oil).

EPA - RCRA: If this product is to be discarded, it is considered hazardous under RCRA (40 CFR 261) due to ignitability and has the EPA hazardous waste number D001.

EPA - TSCA: This product is listed on the TSCA inventory under CAS Number 8006-64-2.

Note: Other, local or state regulations may be applicable in some areas.

The information contained herein is based on data believed to be reliable, but is furnished without warranty or guaranty of any kind, and Union Camp Corporation disclaims any liability incurred from the use or reliance upon the same.

FRAZIER & FRAZIER
ATTORNEYS AT LAW
SUITE A
1515 RIVERSIDE AVENUE
JACKSONVILLE, FLORIDA 32204

WILLIAM R. FRAZIER
W. ROBINSON FRAZIER

November 20, 1989

(904) 353-5616

VIA FEDERAL EXPRESS

USEPA Region II
Permits Administration Branch
26 Federal Plaza
New York, New York 10278

Dear Sirs:

On behalf of Guignon & Green Company, I am enclosing herewith EPA form entitled "Notification of Hazardous Waste Activity" in respect of its warehouse property located at 410 Bergen Avenue, Kearny, New Jersey 07032.

Please issue on an expedited basis an EPA identification number with respect to this facility and forward same to the undersigned as quickly as possible.

If you have any questions concerning this application or require further information, please contact the undersigned.

Thank you very much for your attention to this matter.

Very truly yours,

W. Robinson Frazier/cs

W. Robinson Frazier

WRF:cs
Enclosure

cc: Miss Victoria M. Yoksa
Mr. Anthony J. Rana

89 NOV 21 AM 10:03
USEPA REGION II
NEW YORK, NY

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Victoria M. Yoksa</i>	Name and Official Title (type or print) Victoria M. Yoksa, Trustee	Date Signed 11-15-89
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EPA Form 8700-12 (Rev. 11-85) Reverse

Trustee

BRANCH
NOV 21 AM 10:03
NEW YORK, NY
AGENCY REGION 11
FEDERAL BUREAU OF INVESTIGATION